Effective December 29, 1999 9/49/5												0	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTITY	OR	OTHER	
FC	OR .		_	R FILED	1	NUMBER		l	RATE	FEE	7	RATE	FEE
BA	ISIC FEE .				13					345.00	OR		690.00
TC	TAL CLAIMS		. 1	5 minus	20 •] [X\$ 9=		OR	X\$18=	
INC	EPENDENT CI	LAIMS	3 minus 3 =			•			X39=	-	OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT] [+130=	1	OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2								<u></u>	TOTAL	 	OR	TOTAL	690
CLAIMS AS AMENDED - PART II										ENTITY	J	OTHER	THAN
(Column 1) (Column 2) (Column 3)									MALL	ENTITY	OR 1	SMALL	
AMENDMENT A	***	REM/	NNING TER DMENT		NUME	JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 1	5	Minus	**.	15	8		X\$ 9=		OR	X\$18≤	
	Independent	• 3	}	Minus	•••	_3	=		X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								130=		OR	+260=	•
									TOTAL		OR	.YOYAL ADDIT, FEE	
		ımn 1)_		,	DII. FEE			ADDII. FEE					
AMENDMENT B		REM/	NIMS NINING TER DMENT		NI PRE	GHEST UMBER VIOUSLY UD FOR	PRESENT EXTRA	7	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 1	5	Minus	**] :	X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	NTATIO	N OF MI	Minus	***	MIA IO TA	=		X39=		OR	X78=	
				CHI CE DEI				* [i	130=		OR	+260=	/
									TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
			mn 1)			lumn 2)	(Column 3)						
AMENDMENT C		REM/	ums Lining Ter Dment		NI PRE	GHEST JMBER VIOUSLY JD FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	• a		=		(\$ 9= ·		OR	X\$18=	
	Independent	•	-	Minus	•••		= ,	1 ├-			Or		
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								X39=		OR	.X78=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT SEE											OR OR	+260=	
***	if the "Highest Nu The "Highest Num	mber Pre	viously Pa	aid For IN THE	S SPAC	E is less tha	n 3. enter "3."	~~	NT. FEE in the ap	propriate bo		ADDIT, FEE umn 1.	

Application or Docket Number